### Symptomer. Vennligst sett ring rundt det tallet som beskriver best hvordan du har det NÅ:

<table>
<thead>
<tr>
<th>Symtom</th>
<th>0</th>
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<th>10</th>
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</thead>
<tbody>
<tr>
<td>Ingen smerte</td>
<td>Verst tenkelig smerte</td>
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<tr>
<td>Ingen slappeh (slappeh = mangel på krefter)</td>
<td>Verst tenkelig slappeh</td>
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<tr>
<td>Ingen døsighet (døsighet = å føle seg søvnig)</td>
<td>Verst tenkelig døsighet</td>
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<td>Ingen kvalme</td>
<td>Verst tenkelig kvalme</td>
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<td>Ikke nedsatt matlyst</td>
<td>Verst tenkelig nedsatt matlyst</td>
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<td>Ingen tung pust</td>
<td>Verst tenkelig tung pust</td>
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<td>Ingen depresjon (depresjon = å føle seg nedstemt)</td>
<td>Verst tenkelig depresjon</td>
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<td>Ingen angst (angst = å føle seg urolig)</td>
<td>Verst tenkelig angst</td>
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<tr>
<td>Best tenkelig velvære (velvære = hvordan du har det, alt tatt i betraktning)</td>
<td>Verst tenkelig velvære</td>
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<tr>
<td>Best tenkelig søvn</td>
<td>Verst tenkelig søvn</td>
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<tr>
<td>Ingen forstoppelse (forstoppelse = treg mage)</td>
<td>Verst tenkelig forstoppelse</td>
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<tr>
<td>Kaster ikke opp</td>
<td>Kaster verst tenkelig opp</td>
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</tbody>
</table>

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**Fylt ut av (sett ett kryss)**
- [ ] Pasient
- [ ] Pårørende
- [ ] Helsepersonell
- [ ] Pasient med hjelp fra pårørende eller helsepersonell

Pasientens navn

Dato

Tidspunkt